

This form may be completed online, printed and mailed to the address listed below.

Nebraska Department of Health & Human Services
Regulation & Licensure, Credentialing Division
PO Box 94986
Lincoln NE 68509-4986
402/471-4376 or fax 402/471-1066

Affidavit of Practice/Non-Practice

Name: _____ License # _____

Attestation: All applicants requesting licensure must complete the following, have their signature notarized, and pay any appropriate fees prior to licensure based upon NAC 172 103-003.02(3):

_____ I have not practiced as an CRNA (Certified Registered Nurse Anesthetist) *in Nebraska* prior to my application for licensure.

_____ I have practiced as an CRNA *in Nebraska* prior to my application for licensure.

The actual number of partial or whole days that I practiced is _____.

I have enclosed a fine of \$10 per day for each partial or whole day practiced.

Affidavit:

State of _____ County of _____, I _____
being duly sworn, say that I am the person referred to in this affidavit, that the statements herein
contained are true to the best of my knowledge and belief; and that I have read and understand the
affidavit.

Legal Signature of Applicant

Date